

Anticipated Public Health Questions from the Butte Community/CTEC Talking Points

Confidential

The following talking points include questions that are anticipated to be asked at the CTEC meeting on Tues. April 8th and/or the Public Health Study meeting Wed. April 9th.

Misc. Public Health Questions:

1. Q: What are the Synergistic effects in Butte?

A:

2. Q: Are Butte action levels protective/appropriate now that the CDC reference level is at 5 ug/dl?

A: Yes, Butte action levels are protective and appropriate even though the reference level has changed.

3. Q: Should the IEUBK model for BPSOU be revised and ran again?

A: When guidance is finalized, it will be determined if the if the 5ug/dl reference level warrants a re-run of the model.

4. Q: Is my garden safe if the sample result was 800 mg/kg?

A: Under the Office of Solid Waste and Emergency Response (OSWER 9200.2-142 December 2013), the Technical Review Workgroup recommends that a range of soil lead Concentrations be used as guidelines to consider the associated Best Management Practices for Gardening in Lead Contaminated Areas to reduce lead exposure in contaminated soil. For example: the 800 mg/kg falls within the Potential Risk category and the recommended gardening practices are:

- Increased use of good gardening and housekeeping practices
- Relocate garden to lower risk garden areas
- Increasing use of soil amendments(e.g., compost, clean fill), barriers (e.g., mulch), and other remedial measures, including raised beds and containers
- Ensure gardeners wear gloves and use tools to reduce soil contact and ingestion

For further background information on lead risk assessment, refer to U.S. EPA Technical Review Workgroup for Lead website at: <http://epa.gov/superfund/lead/trw.htm>

5. Q: Are my children safe playing in dirt that sampled at 1,100 mg/kg.

A: Yes, EPA has produced 4 Baseline Human Risk Assessments for the BPSOU to ensure that people's health is not being affected by the heavy metals in the soils.

6. Q: What is the difference when comparing Anaconda and Butte action levels?

A: Basically they are different Remedies with different site characteristics. Butte has a comprehensive metals abatement program and a lower lead bioavailability.

7. Q: Where do we go from here on the next Health Study?

A:

8. Q: Why is Arsenic action levels in Butte and Anaconda at 250 mg/kg and lead action levels are at 1200 mg/kg and 400 mg/kg respectively?

A:

9. Q: CTEC members have asked for an external peer review to confirm or critique the methodology of the draft study prior to its finalization, to increase public confidence in the study's findings. What reasons can they think of for not doing this?

A:

10. Q: There are likely to be questions about how the study accounts for behavior modification if at all, as well as comparisons between uptown and downtown blood lead levels in Butte.

A:

11. Q: There are concerns that the study will be presented as proof that RMAP is reducing the lead levels (cause and effect). Discussion on the 9th needs to help clarify what actual claims the study makes (if any) about the relationship between RMAP and the reduction in blood-lead levels.

A:

12. Q: Will the study be used to justify old blood-lead action levels (10mg/liter vs 5mg/liter) when new science might surface? There is concern that EPA will choose not to reopen a ROD even though the rest of the country is using a blood-lead risk number half of what we're using in Butte.

A:

13. Q: A presentation on the history of how we have gotten to where we are at will help both seasoned CTEC members and the general public. Show a summary of the studies: the Pig Study, University of Cincinnati study (Walkerville study) and the Bornshine study. Explain how you get a blood lead level and deal with bioavailability numbers.

A:

14. Q: What thoughts do they have about future studies that will provide actionable information? What are we looking for in the next level of the health studies? If you were in our shoes, what would you be looking for?

A:

15. Q: Possibly look at other concerns?:

A:

16. Q: Contaminants of Concern? Arsenic, Cadmium and Mercury.

A:

17. Q: Arsenic: Is there some way to look at Arsenic? Is there an action level? Is there chronic exposure? Did the risk assessment take into account attic dust? What are the levels in attic dust?

A:

18. Q: Areas of contaminated groundwater that is technically impracticable to clean up perceptions.

A:

19. Q: What would you recommend to help lay to rest the perceptions that have no basis in fact? What new dialogue could be opened about matters of concern?

A:

20. Q: What can a health study do to help current, new and potential residents understand the potential risk? How can you differentiate rumor from fact? How can we give confidence to the public?

A:

21. Q: What are the implications for public health with leaving waste in place—with known toxic constituents? This would include the Mt Pole Plant's dioxins left in place.

A:

22. Q: What process does the EPA envision for determining the direction of future health studies in Butte?

A:

John Ray Questions (04-06-14)

1. Butte was promised an independent peer review of the study. This independent peer review was supposed to be part of the process of developing and conducting the health study, It was not supposed to be an after the fact endeavor that would have no impact on the design and conduct of the study. EPA appears to be renegeing on that promise. Now all the agency promises us is that at some time after the process is finished some condensed version of the study will be submitted for possible publication. It was also stated by EPA that this review would not change the study. Such a review will have no impact on the design and conduct of the study as EPA originally promised. What good is it? Why is EPA afraid to have its work independently reviewed? Having a condensed article published is not the kind of independent peer review EPA promised. What the pubic is left with is that the EPA and its associates will be reviewing their own work. What assurances can the public have that this report was done in an unbiased manner and done correctly? Without an independent peer review, the public can have NO such assurance. Why has EPA reneged on its promise? What is EPA afraid of discovering?

2. The purpose of the study is to demonstrate that the Residential Metals Abatement Program is working. I support the program but the methodology the study uses is faulty. It is an example of the "post hoc, ergo propter hoc" fallacy. On the one hand the study says the Residential Metals Abatement Program exists. On the other hand the study says that lead levels are dropping in Butte. The unproved assumption is that the first is the cause of the second. Yet, no methodology is utilized in the study to demonstrate this causal link.

How was this causality established?

Also, just because lead levels in Butte are approaching the national average, is the national average protective of human health? No data to warrant this conclusion is provided by the study.

3. By looking only at lead levels, the study does not give a big picture view of the entire toxics problem in Butte. We are told that the studies will be going on for some 30 plus years. By the time the studies are completed the point of the effectiveness of Superfund in Butte will be largely mute. We need some assurance for the residents of Butte currently alive that Superfund is working. This is just another example of the EPA dragging things out to the point that people either die or are no longer interested.

4. The study ignores environmental justice concerns. How is environmental justice incorporated into the design and execution of the health study?

5. Stacie Barry's peer reviewed study reached the conclusion that Superfund overall in Butte was not working and that public health was not being protected. We now have an EPA funded study that reaches the opposite conclusion. Why should we believe this EPA produced study? How is the EPA study better than the work that Stacie did? Is this EPA study simply a PR effort by EPA to refute Stacie's conclusions?

6. Why has EPA refused to change its action levels on lead to be congruent with the CDC recommendations? Is this a one size fits all approach?

7. What assurances can the public have that the toxics of concern have been properly characterized?